Mail Completed Form to:
Michigan Department of State
Office of the Great Seal
7064 Crowner Drive
Lansing, MI 48918-1750

Please check ONE.

☐ Information Change (No Fee)
☐ Duplicate Commission ($10 Fee)

MICHIGAN DEPARTMENT OF STATE
OFFICE OF THE GREAT SEAL
Lansing, Michigan 48918-1750
Telephone: 517/373-2531

Michigan Notary Public: Request for Duplicate/Notice of Change

Original Information (Complete All Sections)

1. **Driver License or Personal Identification Card** Number: _____ State: _____
2. **Full Name:** _____ (First) _____ (Middle) _____ (Last)
3. **Commissioned Name:** _____ (First) _____ (Middle) _____ (Last)
4. **Date of Birth:** Month __ __ Day__ __ Year__ __ __ __
5. **Residence Address:** _____ Number & Street _____ City _____ State _____ Zip
6. **E-mail Address: (Optional)** _____
7. **Business Address:** _____ Number & Street _____ City _____ State _____ Zip
8. **County:** _____ ☐ **County of residence.** ☐ **County of employment (if non-Michigan resident).**
9. **Commission Expiration Date:** Month __ __ Day__ __ Year__ __ __ __
10. **Telephone Numbers:** - _____ (Residence) - _____ (Business)

New Information (Complete Only Those Sections That Are Changing)

1. **Driver License or Personal Identification Card** Number: _____ State: _____
2. **Full Name:** _____ (First) _____ (Middle) _____ (Last)
3. **Commissioned Name:** _____ (First) _____ (Middle) _____ (Last)
4. **Date of Birth:** Month __ __ Day__ __ Year__ __ __ __
5. **Residence Address:** _____ Number & Street _____ City _____ State _____ Zip
6. **E-mail Address: (Optional)** _____
7. **Business Address:** _____ Number & Street _____ City _____ State _____ Zip
8. **County:** _____ ☐ **County of residence.** ☐ **County of employment (if non-Michigan resident).**
9. **Commission Expiration Date:** Month __ __ Day__ __ Year__ __ __ __
10. **Telephone Numbers:** _____ _____ (Business)

X

Please sign your name as it will appear on documents you notarize. (Date) _____

By affixing my signature above, I understand that all information contained on this application form is subject to disclosure under the Freedom of Information Act, 1976PA442, MCL 15.231 et seq. I am enclosing a check or money order in the amount of $10, payable to The State of Michigan, which I understand is a non-refundable processing fee.

Print & Clear